

Previous history? Yes.

Previous treatment effective? Yes.

History of seasonal allergies? Yes.

Productive cough? Yes. Comments: yellow phlegm

Recent fever? No.

Night sweats? No.

Weight loss? No.

**Objective:**

Nasal Mucosa

N/A to complaint.

Ears

N/A to complaint.

Cervical Lymph Nodes

N/A to complaint.

Lungs

Left lung:

Rales? Yes.

Wheezes? Yes.

Right lung

Clear to auscultation? Yes.

Rales? Yes.

Wheezes? Yes.

Throat

Erythematous? Yes.

Eyes

N/A to complaint.

**Assessment:**

Alteration in health maintenance related to: sore throat.

Signs and symptoms of infection related to: enlarged cervical lymph nodes.

**Review/Comments**

Patient smokes 14.00 packs a year

**Medications**

Medication	Sig	PRN Status	PRN Reason	Comment
albuterol sulfate 2.5 mg/3 mL (0.083 %)	inhale 3 milliliter by nebulization	N		route 3 times every day, as

Patient Name: RICHARDSON, JONATHAN C  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 05/23/2023 11:47 PM

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estradiol 2 mg tablet	needed for shortness of breath. take 3 tablet by oral route every day	N
prednisone 10 mg tablet	take 1 tablet by oral route 2 times every day	N
Proventil HFA 90 mcg/actuation aerosol inhaler	inhale 2 puff by inhalation route 4 times every day as needed for SOB and wheezing	Y
Singulair 10 mg tablet	take 1 tablet by oral route every day in the evening	N
spironolactone 100 mg tablet	take 2 tablet by oral route every day	N

#### Orders

Status	Order	Timeframe	Frequency	Duration	Stop Date
ordered	Referred to provider - Seen by provider 5/23/23 - awaiting med delivery				
completed	Medication allergies reviewed, other contraindications and pregnancy ruled out prior to treatment				
completed	Activity restriction for 2 days. Facility notification completed.				
completed	Sick call if signs and symptoms of infection develop or symptoms do not subside				
completed	Patient education provided.				
ordered	Leave for work				05/26/2023

#### General Comments

Patient arrived in medical with SOA and outwardly audible wheezing. Lungs with wheezing and rhales throughout. SpO2 97% Saw the provider on 5/23/23 with new orders for prednisone and inhaler - awaiting those meds to be delivered. Med neb completed. with some relief with HR of 106 SpO2 96% Peak flow 175/200/210.

Patient given first dose of prednisone at this time from stock. and instructed to come to pill call window in the AM and PM until medications arrive to carry on person.

Extended lay in until 5/27/23

Released back to dorm and instructed to notify medical staff asap with continued SOA.

Document generated by: Marla Hoke, LPN 05/24/2023 12:09 AM

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Patient Name: RICHARDSON, JONATHAN C  
ID: 127630 Date of Birth: [REDACTED]

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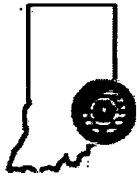
STATE001123

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Patient Name: RICHARDSON, JONATHAN C  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 05/23/2023 11:47 PM

STATE001124



**State of Indiana**

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302 W. Washington Street  
Indianapolis, IN 46204

**Facility: BTC**

PATIENT: JONATHAN C RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 05/23/2023 1:42 PM  
VISIT TYPE: Nurse Visit

Nurse Visit

Reason for visit: NEB TX

**Vital Signs**

**Height**

Time	ft	in	cm	Last Measured	Height Position
1:43 PM	5.0	11.0	0.0	02/08/2014	0

**Temperature/Pulse/Respiration**

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/ min
1:44 PM				88	regular	20
1:43 PM				81		20

**Pulse Oximetry/FIO2**

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 L/Min	Timing	FiO2 %	L/min	Delivery Method	Finger Probe
1:44 PM	97		RA			21			
1:43 PM	97					21			

**Comments**

Time	Comments
1:44 PM	POST-TX 225, 200, 200.
1:43 PM	PRE-TX 200, 250, 200

**Measured By**

Time	Measured by
1:44 PM	Jessica N. Bean, LPN

Patient Name: RICHARDSON, JONATHAN C  
ID: 127630 Date of Birth: [REDACTED]

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STATE001125

1:43 PM Jessica N. Bean, LPN

**Nurse Protocols:****Review/Comments**

Patient smokes 14.00 packs a year

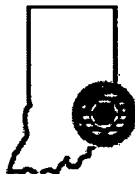
**Medications**

Medication	Sig	PRN Status	PRN Reason	Comment
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	inhale 3 milliliter by nebulization route 3 times every day, as needed for shortness of breath.	N		
estradiol 2 mg tablet	take 3 tablet by oral route every day	N		
prednisone 10 mg tablet	take 1 tablet by oral route 2 times every day	N		
Proventil HFA 90 mcg/actuation aerosol inhaler	inhale 2 puff by inhalation route 4 times every day as needed for SOB and wheezing	Y		
Singulair 10 mg tablet	take 1 tablet by oral route every day in the evening	N		
spironolactone 100 mg tablet	take 2 tablet by oral route every day	N		

**General Comments**I & E wheezes in right lung  
E wheezes in left lung

Document generated by: Jessica N. Bean, LPN 05/23/2023 01:45 PM

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**Facility: BTC**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC#: 127630  
DATE: 05/23/2023 11:41 AM  
VISIT TYPE: Provider Visit

Established patient

**History of Present Illness:**

**1. Med Management**

Pt with asthma exacerbation per Nursing staff. He is needing albuterol nebulizer treatments until HFA available. I am going to start prednisone to resolve current exacerbation and Singulair to avoid future exacerbations. Nursing notified.

**PROBLEM LIST:**

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Gender identity disorder of adulthood	06/17/2020	N		
Gastroesophageal reflux disease	02/19/2015	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Esophageal reflux, 530.81, added by Paul A. Talbot, MD, with responsible provider Paul A. Talbot MD. Onset date 02/19/2015.
Borderline personality disorder	05/04/2010	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Borderline personality disorder, 301.83, added by Darla Hinshaw, MD, with responsible provider . Onset date 05/04/2010; Axis II.
Recurrent major depressive episodes, mild	10/21/2019	N		

**Problem List (not yet mapped to SNOMED-CT®):**

Problem Description	Onset Date	Notes
Asthma	03/19/2007	
Polysubstance Dependence	01/17/2011	
major depression in remission	01/17/2011	

RICHARDSON, JONATHAN C. 000000127630 07/21/1982 05/23/2023 11:41 AM 106/29

# 1008

Nonspecific reaction to tuberculin 02/01/2011

skin test with

Epilepsy

06/11/2015

## Allergies

Ingredient	Reaction	Medication Name	Comment
PENICILLINS	Rash		
IBUPROFEN	Rash		
CEFTRIAZONE SODIUM	SOB, chest pressure, rash	ROCEPHIN	Pt was given 0.5mg Epi x1 and NS IV w/ good results

## Suicide Risk Screening

## Medications (Added, Continued or Stopped this visit)

Start Date	Medication	Directions	PRN Status	PRN Reason	Instruction	Stop Date
05/23/2023	albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	inhale 3 milliliter by nebulization route 3 times every day, as needed for shortness of breath.	N			05/29/2023
03/22/2023	estradiol 2 mg tablet	take 3 tablet by oral route every day	N			09/17/2023
05/23/2023	estradiol 2 mg tablet	take 3 tablet by oral route every day	N			09/17/2023

Byrd, Samuel J 05/23/2023 11:49 AM

Document generated by: Samuel J. Byrd, MD 05/23/2023 11:49 AM

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**SPECIAL NEEDS / URGENT ORDERS**

**SITE: BTC**



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**Facility: BTC**

PATIENT: JONATHAN C RICHARDSON  
DOB: [REDACTED]  
DOC#: 127630  
DATE: 05/23/2023 11:41 AM  
DOCUMENT GENERATED BY: Jessica N. Bean, LPN

**Restriction Orders**

Order	Start	End	Comments	Ordered By
Medical Restrictions	05/23/2023	05/23/2023	Lay-in for 1 days (out of cell/bunk only for meals, medications, and bathroom).	Jessica N. Bean, LPN

**MAY RETURN TO FULL DUTY 5/24/23**

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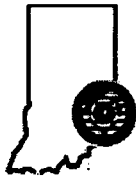
NAME: RICHARDSON, JONATHAN C

NUMBER: 127630

D.O.B: [REDACTED]

STATE001129





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**Facility: BTC**

PATIENT: JONATHAN C RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 05/21/2023 9:16 AM  
VISIT TYPE: Onsite Consult

**Individual Counsel/Psych Prog Note**

**General**

Program Name: Outpatient

**Individuals Present/Support Resources**

Individual not present.

**Goals, Objectives, and Interventions Addressed Today**

**Interventions/Methods Provided:**

Correction from MH Intake note on 5/8/2023. Writer noted that Pt was approved for transgender surgery in 2020 by the GD MDT, but was approved for hormone therapy only for which she appears to be stable now for the past 3 years.

Clarification: Pt was referred to writer by the MH staff upon arrival and she was inquiring about transgender surgery. We discussed the fact that IDOC leadership is currently undergoing some debate about the direction that transgender surgeries may go in the future and whether they are halted altogether or the process may resume. Richardson acknowledged understanding and did not seem distressed expressing "I'm used to disappointments. The surgery will eventually happen even if in not in here" (IDOC).

Clinical Impressions: Pt has active diagnosis of borderline personality disorder. Given the gruesome history of murder, 20 years of incarceration, extensive history of suicidality (remote), numerous allegations/incidents of sexual abuse while incarcerated, extreme appearance, and active diagnosis of borderline personality disorder it appears she meets criteria for BPD. Writer does not recommend moving forward with surgery. Regional Leadership made aware of recommendation.

Plan: F/u per policy. Maintain C code.

**Risk Assessment**

**SAFETY MANAGEMENT PLAN**

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

Patient Name: RICHARDSON, JONATHAN C  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 05/21/2023 09:16 AM

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### Assessment/Diagnosis

AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

AXIS V

Current GAF: 72

Date: 05/08/2023.

Highest GAF: 72

Date: 05/08/2023.

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### SIGNATURES

Staff: Signed by Michael R. Farjellah, PsyD, on 05/21/2023

### Behavioral Health Billing

Modifier: N/A

Document generated by: Michael R. Farjellah, PsyD 05/21/2023 09:20 AM

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Patient Name: RICHARDSON, JONATHAN C  
ID: 127630 Date of Birth: [REDACTED]

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**Facility: BTC**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 05/08/2023 1:40 PM  
VISIT TYPE: Psychotherapy - Individual

**Individual Counsel/Psych Prog Note**

**General**

Program Name: Outpatient

**Individuals Present/Support Resources**

Contact type:  
Telemedicine  
Individual present.

**MENTAL STATUS EXAM**

**GENERAL OBSERVATIONS:**

Appearance: Other: extreme facial tattoos  
Build/Stature: Within normal limits  
Posture: Within normal limits  
Eye Contact: Average  
Activity: Within normal limits  
Attitude toward examiner: Cooperative  
Attitude toward parent/guardian: Not Applicable  
Separation (for children/adolescent): Not applicable

**MENTAL STATUS:**

Unremarkable  
Mood: Euthymic  
Affect: Full  
Speech: Clear  
Thought process: Logical  
Perception: WNL  
Hallucination: Denied None evidenced  
Thought content: Within normal limits  
Delusions: None Reported  
Cognition: Within normal limits  
Intelligence estimate: Average

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 05/08/2023 01:40 PM

STATE001132

Insight: Within normal limits  
Judgment: Within normal limits

### Goals, Objectives, and Interventions Addressed Today

#### Interventions/Methods Provided:

Pt recently transferred from NCF. She identifies as transgender. She has been incarcerated for murder in 2001 in which she admitted that "All I know is I killed the little fucking bitch" and the coroner stated that asphyxiation was the cause of death of her infant daughter. WRT her transgender status, she has been on hormone therapy for 4 years. Writer informed her that IDOC has decided to not go further with transgender surgery. She took the news well and said, "I'm used to disappointments. I used to self-harm and have attempted suicide, but I'm at peace now. I always knew I was a girl, but when I was younger I was a degenerate fag. That doesn't define me now."

Impressions: Pt has been through an extensive evaluation process and met with Transgender MDT in mid-2020 and was approved for surgery. She appears to be articulate, engaging, and forward looking, and has come to terms with her identity to a great extent. Not taking any psychotropic meds for many years. Likes to engage in psychotherapy to try and better herself.

Plan: Maintain C code. Refer to psychiatry. F/u per policy.

### Current Assessment

#### Assessment:

Patient does not present any mental health issues at this time. Patient is responding to treatment plan. The patient is compliant with medications. The patient is compliant with the treatment plan. The patient is cooperative and communicative.

### Risk Assessment

#### CURRENT ENCOUNTER

Risk Assessments									
------------------	--	--	--	--	--	--	--	--	--

Patient denies suicidal ideation, plan, intent, and/or attempt.  
Patient denies property damage ideation, plan, intent, and/or attempt.  
Patient denies homicidal ideation, plan, intent, and/or attempt.

#### RISK ASSESSMENT HISTORY

Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale
Suicide	Denies		05/08/2023	05/08/2023	No				
Property	Denies		05/08/2023	05/08/2023	No				
Homicide	Denies		05/08/2023	05/08/2023	No				

Attempt	Planned/ Impulsive	Drug/Alcohol Influenced	Medically Treated	Plan Attempt Description
---------	-----------------------	----------------------------	----------------------	--------------------------

### SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

### Assessment/Diagnosis

AXIS IV

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 05/08/2023 01:40 PM

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

AXIS V

Current GAF: 72

Date: 05/08/2023.

Highest GAF: 72

Date: 05/08/2023.

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## SIGNATURES

Staff: Signed by Michael R. Farjellah, PsyD, on 05/08/2023

### Behavioral Health Billing

Modifier: N/A

*Document generated by: Michael R. Farjellah, PsyD 05/08/2023 02:00 PM*

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Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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**Department of Correction**

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**Facility: NCF**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DATE: 05/05/2023 11:05 AM  
VISIT TYPE: CPCT

**Goal Measurement**

Goals previously set

Comply with Treatment Plan

Documentation that supports progress or lack thereof towards goals: There has not been any MH involvement during this review period.

**Scoring of compliance with mental health goals**

Unacceptable - has completed 50% or less of assigned goals - 0

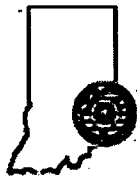
I have reviewed this patient's medical record and verify that his/her progress toward identified goals is accurate

Document generated by: Nicole Kelly, Psy.D, HSPP 05/05/2023 11:05 AM

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RICHARDSON, JONATHAN 127630 [REDACTED] 05/05/2023 11:05 AM 114/291

STATE001135



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**Facility: BTC**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 05/01/2023 11:01 PM  
VISIT TYPE: Nurse Visit

Nurse Visit

**Nurse Protocols:**

**Review/Comments**

Patient smokes 14.00 packs a year

**Medications**

Medication	Sig	PRN Status	PRN Reason	Comment
estradiol 2 mg tablet	take 3 tablet by oral route every day	N		
spironolactone 100 mg tablet	take 2 tablet by oral route every day	N		

**General Comments**

State labs were drawn. 25 gauge butterfly was used 1 attempt in RAC. Patient tolerated well, 1 SST

Document generated by: Susan R. Deck, RN 05/01/2023 11:02 PM

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Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 05/01/2023 11:01 PM

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Indianapolis, IN 46204

**Facility: NCF**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DATE: 05/01/2023 03:02 AM  
VISIT TYPE: CPCT

**Goal Measurement**

Physical Health  
Goals Previously Set

Comply with treatment plan for physical health condition(s)  
Comply with medication regiment to treat physical health condition(s)

**Scoring of compliance with physical health goals**

Acceptable - Has completed 51% or more of assigned goals

**Progress**

I have reviewed this patient's medical record and verify that his/her progress toward identified goals was  
Accurate

Document generated by: Marrissa B. Runyan, RN 05/01/2023 03:03 AM

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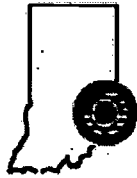
RICHARDSON, JONATHAN 127630 [REDACTED] 05/01/2023 03:02 AM 116/291

STATE001137



**SPECIAL NEEDS / URGENT ORDERS**

**SITE: BTC**



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**Facility: BTC**

PATIENT: JONATHAN RICHARDSON  
DOB: [REDACTED]  
DOC#: 127630  
DATE: 04/28/2023 7:54 PM  
DOCUMENT GENERATED BY: Patricia Thompson, RN

**Classification Orders**

Order	Reason	Status	Start	End
Bottom bunk		ordered	04/28/2023	9/28/23

**EXPIRES 9-29-23**

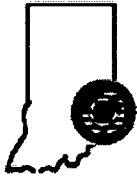
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NAME: RICHARDSON, JONATHAN

NUMBER: 127630

D.O.B: [REDACTED]

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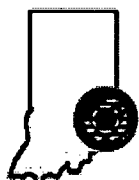
Completed By: Patricia Thompson, RN  
Date Completed: 04/28/2023  
Offender Name: JONATHAN RICHARDSON  
DOB: [REDACTED]  
Gender: male  
Name of Facility: BTC  
IDOC Number: # 127630

**FLU SCREENING FORM****In the last 24-48 hours, denies experiencing any flu symptoms.**

Flu vaccine received this year NEWCASTLE

**Date:** 04/28/2023 08:03 PM**Provider:** Monica Weissling NP**Document generated by:** Patricia Thompson, RN 04/28/2023 08:03 PM

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Patricia Thompson, RN

Completed By:  
Date Completed: 04/28/2023  
Offender Name: JONATHAN RICHARDSON  
DOB: [REDACTED]  
Gender: male  
Name of Facility: BTC  
IDOC Number: # 127630

**HEAT STRESS QUESTIONNAIRE**

Do you weight more than the weight indicates for your age and height on the weight table on the reverse of this form? no

Are you pregnant and in the second half of the pregnancy? no

Do you have emphysema? no

Do you have chronic obstructive lung disease? no

Do you have congestive heart failure? no

Do you have chronic kidney disease? no

Do you have cirrhosis of the liver? no

Do you take medication to relax the urinary bladder and help control urination? no

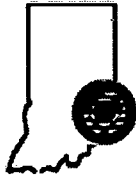
Do you take water pills (diuretic medication)? yes

Do you take medication to control allergies? no

Do you take medication to control mental illness? yes

Do you take medication to control the side effects of medication used to control mental illness? no

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Do you take medication to control intestinal spasm? no

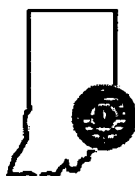
Do you take any other medication that has been prescribed by a doctor? yes

**Date:** 04/28/2023 08:03 PM

**Provider:** Monica Weissling NP

**Document generated by:** Patricia Thompson, RN 04/28/2023 08:03 PM

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**Facility: BTC**

PATIENT: JONATHAN RICHARDSON  
DOC#: 127630  
DATE OF BIRTH: [REDACTED]  
DATE: 04/28/2023 7:54 PM  
VISIT TYPE: Intake

**Intake**

Reason for intake: Intra-facility transfer

**General**

Completed by: Patricia Thompson, RN, 04/28/2023, 7:54 PM

Language: English

Completed date: 04/28/2023 Completed time: 8:04 PM

**Vital Signs**

Exam	Findings	Details
Eyes	*	Visual acuity - OD: Corrected: 20/25, Uncorrected: 20/200, OS: Corrected: 20/50, Uncorrected: 20/200, OU: Corrected: 20/20, Uncorrected: 20/200.

Time	Height Ft	Height In	Weight	BMI	Systolic	Diastolic	Pulse	Resp	Temp	Sp O2	Peak Flow
7:55 PM	5.0	11.0	224.0	31.24	120	80	82	18	98.00	98	

Date	Time	Blood Glucose	Pain Score	Comments
04/28/2023	7:55 PM			j 7 ON THE SNELLEN CHART.

**Subjective/Inmate Questionnaire**

1. The patient has been told they have: seizure activity,
2. Have you ever been told you have diabetes? No
3. Do you take prescription medications? Yes

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Medication Name	Sig	Quantity	Refills
estradiol 2 mg tablet	take 3 tablet by oral route every day	90	5
spironolactone 100 mg tablet	take 2 tablet by oral route every day	60	5

4. Do you currently have any of the following? No

6. Has been treated for: mental health,

7. Do you have a painful dental condition? No

8. Do you wear dentures? No

9. Do you wear glasses or contacts? Yes  
Are they with you? Yes

10. Do you wear a prosthesis? No

11. Do you use drugs or alcohol? No

12. Have you fainted or had a head injury in the last 72 hours? No

#### Allergies

Ingredient	Medication Name	Comment
PENICILLINS		
IBUPROFEN		
CEFTRIAXONE SODIUM	ROCEPHIN	Pt was given 0.5mg Epi x1 and NS IV w/ good results
EGG		

#### Alcohol and Drug Screening

##### Alcohol

Drinks alcohol? Yes

Type: Whiskey. consumed daily.

1 fifth

Last alcoholic drink was MARCH 2006.

##### Drug

Uses drugs? The patient uses illicit drugs.

marijuana

occasionally

Are you currently withdrawing or detoxing from any drug, alcohol or prescription medication? No

Have you ever had blackouts or withdrawal symptoms e.g. seizures, tremors etc from drugs or alcohol? No

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Do you drink alcohol or take drugs regularly and have never stopped? No

Is this person known to facility to have a history of substance withdrawal in the past? No

**Suicide Risk Screening**

1. Arresting or transporting officer believes subject may be suicide risk. No
2. Lacks close family/friends in community. No
3. Experienced a significant loss within last 6 months (loss of job, relationship, death of close family member). No
4. Worried about major problems other than legal situation (terminal illness). No
5. Family member or significant other has attempted or committed suicide (spouse, parent, sibling, close friend, and lover). No
6. Has psychiatric history (psychotropic medication or treatment). No
7. Holds position of respect in community (i.e., professional, public official) and/or alleged crime is shocking in nature. Expresses feelings of embarrassment/shame. No
8. Expresses thoughts about killing self. No
9. Has a suicide plan and/or suicide instrument in possession. No
10. Has previous suicide attempts. (Note methods and dates). Yes
11. Expresses feelings there is nothing to look forward to in the future (feelings of helplessness and hopelessness). No
12. Shows signs of depression (crying, emotional flatness). No
13. Appears overly anxious, afraid or angry. No
14. Appears to feel unusually embarrassed or ashamed. No
15. Is acting and/or talking in a strange manner. Cannot focus attention; hearing or seeing things not there). No
16. History of substance abuse treatment? No
17. Is apparently under the influence of alcohol or drugs. No
18. If YES to #17, is individual incoherent or showing signs of withdrawal or mental illness. No

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Total Yes's: 1

Comments:

#6 ATTEMPTED SUCICIDE 2010

**Psychiatric Screening**

History of inpatient mental health treatment? Yes

History of outpatient mental health treatment? Yes

Currently on psychotropic medications? No

History of cerebral trauma or seizure? Yes

**PREA Screening**

- |  | Risk? |
|--|-------|
| 1. How old are you? 41   | No    |
| 2. What is your height and weight? Height: feet, inches, Weight:   |       |
| 3. Were you in special classes at school?  | Yes   |
| 4. Do you have any physical or mental disabilities?  | No    |
| 5. Is this your first major incarceration?   | Yes   |
| 6. Is your criminal history exclusively non-violent?   | No    |
| 7. Do you have any reason to fear placement in general population?   | No    |
| 8. Were you ever sexually assaulted or abused as a child?  | Yes   |
| 9. Have you ever been approached for sex/threatened with sexual assault while incarcerated?  | Yes   |
| 10. Do you consider yourself any of the following?<br>Homosexual (No)<br>Transgender (No)<br>Intersex (No)<br>Bisexual (No)<br>Gender Nonconforming (No) |       |
| 11. Have you had consensual sex while incarcerated?  | No    |
| 12. Criminal history of sex offenses with adult/child victims?   | No    |
| 13. Have you ever been sexually assaulted while incarcerated?  | Yes   |

**Score: 7**

**Category: At risk of victimization (refer for additional screening)**

Detainee reports history of learning disability or special education services? No

Marital status? Marital status: Single

Highest grade or education level completed? GED

Family /Significant Other Supportive: Yes

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Employed? Yes

Apparent Level of Cognitive Functioning: average

Current Mental Status

Appearance

Neat and Clean

Activity

Within Normal Limits

Orientation

Alert, oriented x 4

Mood

Euthymic

Affect

Full Range

Speech

Clear

Hallucinations

Denied

None Evidenced

Delusions

None Reported

None Evidenced

**Objective/Visual Observations**

1. Is inmate unconscious or stuporous? No
2. Does the inmate exhibit symptoms/illness requiring emergency medical care? No
3. Has the inmate been seen in a hospital/care facility within the last 24hrs? No
4. Based on my assessment, this inmate requires an evaluation at a hospital/emergency facility before acceptance at this facility. No
5. Does the inmate appear to be under the influence of drugs or alcohol? No
6. Are there any signs of abnormality or visible signs of alcohol/drug withdrawal? No
7. Does the inmate's behavior suggest the risk of suicide or mental illness? No

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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9. Does the inmate exhibit any of the these? No

10. Are there signs of breathing difficulties or chest pain? No

11. Are there any signs of restricted or compromised movement? No

12. Does inmate exhibit characteristics of potentially being at risk for victimization? No

**TB Review**

Have you ever tested positive for PPD? No

Do you suffer from any of these? No

**TST:**

TB Screening: PPD Not Placed

**TB Screening**

Skin Lesions: No

Hemoptysis: Hemoptysis: No

Known TB exposure: no

**Assessment/Plan**

Status	Order	Reason	Frequency	Duration	Stop Date
ordered	CLEARED FOR KITCHEN				

Intake Reviewed By: Patricia Thompson, RN on 04/28/2023 at 8:02 PM

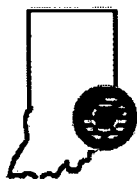
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Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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**State of Indiana**

**Department of Correction**

**Division of Medical and Clinical Healthcare Services**

**Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204**

**Completed By:** Patricia Thompson, RN  
**Date Completed:** 04/28/2023  
**Offender Name:** JONATHAN RICHARDSON  
**DOB:** [REDACTED]  
**Gender:** male  
**Name of Facility:** BTC  
**IDOC Number:** # 127630

**SYPHILIS SCREENING FORM**

1. Are you or have you ever been diagnosed or treated for syphilis: no
2. HIV infected: no
3. Had sex with other men: yes
4. Diagnosed with sexually transmitted disease within the past year: no
5. Exchanged sex for drugs or money or had a sex a sexual partner who did: no
6. Had multiple sex partners within the past year: no
7. Been a victim of sexual assault: yes

**REFER FOR SYPHILIS SEROLOGY**

**Date:** 04/28/2023 08:03 PM

**Provider:** Monica Weissling NP

**Document generated by:** Patricia Thompson, RN 04/28/2023 08:03 PM

Indiana Government Center South  
302 W. Washington Street  
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DEPARTMENT OF CORRECTIONS  
INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY

SITE: NCF

COMPLETED BY: Melissa K. Isaacs, RN 04/28/2023 7:33 AM



State of Indiana

Division of Medical and Clinical Healthcare Services

Department of Correction

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

Facility: NCF

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 04/28/2023 7:33 AM  
VISIT TYPE: Transfer Documentation

Transfer information

Type of transfer: intrasystem  
Transferring facility: NCF  
Receiving facility: BTC  
Date of transfer: 04/28/2023

Problem List

Polysubstance Dependence  
Nonspecific reaction to  
tuberculin skin test witho  
major depression in remission  
Esophageal reflux  
Epilepsy  
Borderline personality disorder  
Asthma

Medication

Current Medications

Medication	Instructions	Stop Date
spironolactone 100 mg tablet	take 2 tablet by oral route every day	09/15/2023
estradiol 2 mg tablet	take 3 tablet by oral route every day	09/17/2023

Medications Amount Sent

Medication Name	Amount Sent	Date Sent	Time Sent	Doc By
estradiol 2 mg tablet	69	04/28/2023	7:33 AM	Melissa K. Isaacs, RN

Current TB status

Obtained/Plac Read	Result
ed	

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**DEPARTMENT OF CORRECTIONS  
INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: NCF**

**COMPLETED BY: Melissa K. Isaacs, RN 04/28/2023 7:33 AM**

07/08/2007	07/11/2007	0 mm
07/17/2012	07/19/2012	0 mm
05/08/2014	05/10/2014	0 mm
07/22/2016	07/24/2016	0 mm
07/21/2017	07/23/2017	0 mm
07/21/2018	07/23/2018	0 mm
10/12/2019	10/14/2019	0 mm
07/19/2020	07/21/2020	0 mm
07/10/2021	07/11/2021	0 mm
07/20/2022	07/23/2022	0 mm

**Current TB/Last Health Assessment**

Obtained/Placed	Read	Result	Side
07/08/2007	07/11/2007	0 mm	
07/22/2008	07/25/2008	0 mm	left
			left
07/17/2012	07/19/2012	0 mm	left
05/08/2014	05/10/2014	0 mm	left
07/22/2016	07/24/2016	0 mm	left
07/21/2017	07/23/2017	0 mm	left
07/21/2018	07/23/2018	0 mm	right
10/12/2019	10/14/2019	0 mm	left
07/19/2020	07/21/2020	0 mm	right
07/09/2021			left
07/10/2021	07/11/2021	0 mm	left
07/20/2022	07/23/2022	0 mm	left

**Labs**

Status	Ordered	Lab Order	Timeframe	Comments
result received	05/31/2007	(PT / INR) Prothrombin Time	Routine	
result received	05/31/2007	PTT	Routine	
result received	06/05/2007	Comp Panel + CBC/Plt	Routine	
result received	06/15/2007	CBC with Differential	Routine	
result received	03/18/2009	CMP 12 + BAC + CBC/PLT	Routine	
result received	08/10/2009	Dilantin (Phenytoin), Serum -F	Routine	
result received	08/17/2009	Dilantin (Phenytoin), Serum -F	Routine	
result received	08/31/2009	Dilantin (Phenytoin), Serum -F	Routine	
result received	09/19/2009	Dilantin (Phenytoin), Serum -F	STAT	lab sent to scch as ordered, dilantin level
result received	11/23/2009	CMP 12 + BAC +	Routine	Fasting.
RICHARDSON, JONATHAN 127630 [REDACTED] 04/28/2023 07:33 AM Page: 129/291				

**DEPARTMENT OF CORRECTIONS  
INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: NCF**

**COMPLETED BY: Melissa K. Isaacs, RN 04/28/2023 7:33 AM**

		CBC/PLT -F		
result received	11/23/2009	Lipid panel -F	Routine	Fasting.
result received	11/23/2009	Tegretol	Routine	Fasting.
		(Carbamazepine),		
		Serum -F		
result received	01/12/2010	CMP 12 + BAC +	Routine	
		CBC/PLT -F		
result received	01/12/2010	Thyroid Panel (T4, TSH, T3U) -F	Routine	
result received	01/12/2010	Dilantin (Phenytoin),	Routine	
		Serum -F		
ordered	05/23/2016	CH24/HDL,CBC/D/PLT		
ordered	04/28/2017	CBC WITH DIFF		
ordered	04/28/2017	COMPREHENSIVE		
		METABOLIC PANEL		
ordered	04/28/2017	HEMOGLOBIN A1C		
ordered	04/28/2017	TSH		
ordered	07/13/2017	LIPID (CARDIAC)		
		PANEL(INCL		
		CHOLESTEROL, TRIG,		
		HDL, LDL)		
ordered	09/21/2017	LIPID (CARDIAC)		
		PANEL(INCL		
		CHOLESTEROL, TRIG,		
		HDL, LDL)		
ordered	09/21/2017	COMPREHENSIVE		
		METABOLIC PANEL		
ordered	09/21/2017	CBC WITH DIFF		
ordered	03/26/2018	HEPATIC FUNCTION		
		PANEL (LFTs)		
ordered	03/26/2018	LIPID (CARDIAC)		
		PANEL(INCL		
		CHOLESTEROL, TRIG,		
		HDL, LDL)		
ordered	09/24/2018	LIPID (CARDIAC)		
		PANEL(INCL		
		CHOLESTEROL, TRIG,		
		HDL, LDL)		
ordered	09/24/2018	CBC WITH DIFF		
ordered	09/24/2018	COMPREHENSIVE		
		METABOLIC PANEL		
ordered	11/19/2018	CULTURE, WOUND		
ordered	11/19/2018	COMPREHENSIVE		
		METABOLIC PANEL		
ordered	11/19/2018	CBC WITH DIFF		
ordered	03/25/2019	LIPID (CARDIAC)		
		PANEL(INCL		

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**DEPARTMENT OF CORRECTIONS  
INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: NCF**

**COMPLETED BY: Melissa K. Isaacs, RN 04/28/2023 7:33 AM**

		CHOLESTEROL, TRIG, HDL, LDL)
ordered	03/25/2019	HEPATIC FUNCTION PANEL (LFTs)
ordered	06/23/2020	LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL)
ordered	06/23/2020	PROLACTIN
ordered	06/23/2020	TESTOSTERONE, TOTAL
ordered	06/23/2020	COMPREHENSIVE METABOLIC PANEL
ordered	06/23/2020	ESTRADIOL
ordered	06/23/2020	CBC WITH DIFF
ordered	08/21/2020	BASIC METABOLIC PANEL
ordered	09/24/2020	CBC WITH DIFF
ordered	09/24/2020	ESTRADIOL
ordered	09/24/2020	COMPREHENSIVE METABOLIC PANEL
ordered	09/24/2020	TESTOSTERONE, TOTAL
ordered	09/24/2020	PROLACTIN
ordered	09/24/2020	LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL)
ordered	03/05/2021	LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL)
ordered	03/05/2021	TESTOSTERONE, TOTAL
ordered	03/05/2021	COMPREHENSIVE METABOLIC PANEL
ordered	03/05/2021	CBC WITH DIFF
ordered	03/05/2021	ESTRADIOL
ordered	06/03/2021	ESTRADIOL
ordered	06/03/2021	TESTOSTERONE, TOTAL
ordered	06/03/2021	PROLACTIN
ordered	02/08/2022	PROLACTIN
ordered	02/08/2022	URINALYSIS
ordered	02/08/2022	LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL)
ordered	02/08/2022	TESTOSTERONE, TOTAL
ordered	02/08/2022	COMPREHENSIVE METABOLIC PANEL

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**DEPARTMENT OF CORRECTIONS  
INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: NCF**

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ordered	02/08/2022	CBC WITH DIFF
ordered	02/08/2022	ESTRADIOL
ordered	03/22/2023	ESTRADIOL
ordered	03/22/2023	CBC WITH DIFF
ordered	03/22/2023	COMPREHENSIVE METABOLIC PANEL
ordered	03/22/2023	TSH
ordered	03/22/2023	TESTOSTERONE, TOTAL
ordered	03/22/2023	LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL)

**Diagnostics**

Status	Ordered	Order	Location	Timeframe
obtained	05/02/2016	Chest two views		
ordered	05/11/2016	Chest X-ray, AP/Lat (2 views)		-today
ordered	01/01/2014	Chest two views		
ordered	01/01/2014	Chest two views		
ordered	01/02/2014	Chest two views		
ordered	12/15/2014	Chest two views		
ordered	11/16/2015	Sacrum and coccyx (minimum two views)		
ordered	03/04/2019	Chest two views Bilateral		
ordered	11/07/2013	Fingers minimum two views Right		
ordered	01/01/2014	12 lead EKG		

**Classifications**

Order	Reason	Frequency	Ordered Date
Bottom bunk	claw hand		03/22/2023

**Office Procedures**

Status	Ordered	Procedures	Location	Time	Date
result received	03/14/2011	Ear irrigation			03/14/2011

**Office Services part 1**

Status	Ordered	Order	Timeframe	Completed
specimen obtained	07/22/2008	PPD 0.1 mL ID		07/25/2008
result received	08/31/2009	discharge from infirmary		09/29/2010
result received	08/31/2009	MDSC within 7 days		09/29/2010
result received	09/21/2009	Please make full admit to infirmary		09/29/2010

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**DEPARTMENT OF CORRECTIONS  
INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: NCF****COMPLETED BY: Melissa K. Isaacs, RN 04/28/2023 7:33 AM**

result received	09/21/2009	MDSC within 7d of discharge	09/29/2010
result received	09/21/2009	vitals q shift	09/29/2010
result received	11/16/2009	suture removal 11/26	09/29/2010
result received	12/07/2009	Send to SCCH ER via ambulance for head/neck injury	09/29/2010
result received	12/08/2009	Release from infirmary	09/29/2010
result received	12/08/2009	MDSC within 7 days	09/29/2010
result received	01/12/2010	Admit to infirmary-ACUTE	09/29/2010
result received	01/12/2010	Please place IV-saline lock	09/29/2010
result received	01/12/2010	Seizure precautions	09/29/2010
result received	01/12/2010	MD to see patient daily M-F and prn	09/29/2010
result received	01/12/2010	Vitals q shift	09/29/2010
result received	03/01/2010	Discharge from infirmary	09/29/2010
result received	03/01/2010	MDSC within 7d	09/29/2010
result received	03/24/2010	Suture removal 3/28	09/29/2010
result received	03/26/2010	admit to infirmary-acute	09/29/2010
result received	03/26/2010	MD to see weekdays and prn	09/29/2010
result received	03/26/2010	Fall precautions	09/29/2010
obtained	04/06/2010	PPD 0.1 mL ID	
result received	03/14/2011	Ear irrigation	03/22/2011
ordered	01/01/2014	12 lead EKG	
specimen obtained	07/09/2021	PPD 0.1 mL ID	

**Office Services part 2**

Status	Ordered	Order	Timeframe	Completed
ordered	02/08/2022	splint/brace - wrist		

**Referrals**

Status	Ordered	Provider	Specialty	Timeframe	Reason
completed'	07/15/2011				
ordered	05/10/2016				
ordered	02/08/2022				Carpal tunnel syndrome
ordered	12/15/2014	Provider			
ordered	07/02/2014			ASAP	
ordered	02/05/2019				
ordered	02/12/2013				
ordered	02/09/2013			Routine	
ordered	10/07/2013			Routine	

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**DEPARTMENT OF CORRECTIONS  
INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: NCF**

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ordered	08/26/2014	
ordered	08/26/2014	Routine
ordered	11/10/2015	Routine
ordered	03/16/2016	
ordered	05/02/2016	
ordered	11/07/2022	
ordered	11/07/2022	
ordered	11/07/2022	
ordered	11/07/2022	
ordered	11/07/2022	
ordered	11/07/2022	
ordered	11/07/2022	
ordered	11/08/2014	ASAP
ordered	11/08/2014	ASAP
ordered	10/01/2014	Provider
ordered	10/16/2014	Provider in four weeks
		Provider
ordered	11/19/2014	
ordered	10/22/2015	Routine
ordered	01/18/2017	ASAP
ordered	04/17/2016	Routine
ordered	09/25/2018	ASAP
ordered	09/25/2018	ASAP
ordered	11/17/2018	
ordered	06/15/2019	
ordered	02/01/2022	Routine
ordered	04/15/2022	
result received	06/01/2010	1 Month
result received	06/01/2010	
result received	02/27/2010	

Clinic	Enroll Date	Last Visit	Disenroll Date	Disenroll Reason
Asthma	07/08/2020	10/25/2022		
Asthma	04/08/2020		05/05/2022	
Asthma	01/14/2020		05/05/2022	
Asthma	01/14/2020			
Asthma	10/14/2019	10/14/2019		
Asthma	07/16/2019			
Asthma	04/05/2019	04/05/2019		
Asthma	04/05/2019			
Asthma	10/16/2018	10/16/2018		
Asthma	05/11/2016			
Other	10/21/2021	10/25/2022		

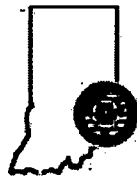
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**DEPARTMENT OF CORRECTIONS  
INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: NCF**

**COMPLETED BY: Melissa K. Isaacs, RN 04/28/2023 7:33 AM**

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204



**State of Indiana**

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: NCF**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 03/22/2023 1:22 PM  
VISIT TYPE: Nurse Visit

**Nurse Visit**

Reason for visit: False HCR-  
HCR#: 572734

Statement of complaint (in patient's words): STD testing. Asked "Ma'am What I am here for?" Shown HCR to pt, States ma'am i didn't write this.

**Nurse Protocols:**

**Review/Comments**

Patient smokes 14.00 packs a year

**Medications**

Medication	Sig	PRN Status	PRN Reason	Comment
estradiol 2 mg tablet	take 3 tablet by oral route every day	N		
spironolactone 100 mg tablet	take 2 tablet by oral route every day	N		

**General Comments**

pt didn't write HCR 572734 to be tested for STD. Claims someone else wrote it

Document generated by: Attarah Waller 03/22/2023 01:28 PM

Indiana Government Center South  
302 W. Washington Street

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 03/22/2023 01:22 PM

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Indianapolis, IN 46204

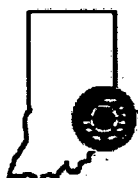
Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of [REDACTED]

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Encounter Date: 03/22/2023 01:22 PM

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**SPECIAL NEEDS / URGENT ORDERS**

**SITE: NCF**



**State of Indiana**

**Department of Correction**

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: NCF**

PATIENT: JONATHAN RICHARDSON  
DOB: [REDACTED]  
DOC#: 127630  
DATE: 03/22/2023 7:15 AM  
DOCUMENT GENERATED BY: Nicolle Courtney, MA

**Classification Orders**

Order	Reason	Status	Start	End
Bottom bunk	claw hand	ordered	03/22/2023	09/22/2023

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

NAME: RICHARDSON, JONATHAN

NUMBER: 127630

D.O.B: [REDACTED]

STATE001159



# State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

Facility: NCF

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC#: 127630  
DATE: 03/22/2023 07:15 AM  
VISIT TYPE: Provider Visit

Established patient

## History of Present Illness:

1. hormone replacement therapy

## PROBLEM LIST:

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Gender identity disorder of adulthood	06/17/2020	N		
Gastroesophageal reflux disease	02/19/2015	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Esophageal reflux, 530.81, added by Paul A. Talbot, MD, with responsible provider Paul A. Talbot MD. Onset date 02/19/2015.
Borderline personality disorder	05/04/2010	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Borderline personality disorder, 301.83, added by Darla Hinshaw, MD, with responsible provider . Onset date 05/04/2010; Axis II.
Recurrent major depressive episodes, mild	10/21/2019	N		

## Problem List (not yet mapped to SNOMED-CT®):

Problem Description	Onset Date	Notes
Asthma	03/19/2007	
Polysubstance Dependence	01/17/2011	
major depression in remission	01/17/2011	
Nonspecific reaction to tuberculin skin test witho	02/01/2011	
Epilepsy	06/11/2015	

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#### Allergies

Ingredient	Reaction	Medication Name	Comment
PENICILLINS	Rash		
IBUPROFEN	Rash		
CEFTRIAZONE SODIUM	SOB, chest pressure, rash	ROCEPHIN	Pt was given 0.5mg Epi x1 and NS IV w/ good results

#### Physical Exam

Exam	Findings	Details
General Exam	Comments	telehealth visit - heart/lung sounds not assessed.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Regular rhythm. No murmurs, gallops, or rubs.

#### Suicide Risk Screening

#### Assessment/Plan

#	Detail Type	Description
1.	Assessment	Gender identity disorder in adults (302.85).
	Provider Plan	1. HRT: has not gotten labs in quite some time, check testosterone, estradiol, cbc, cmp. on 6 mg estradiol, will likely not go above this level. cont. spironolactone at 200 mg daily. rtc 4 weeks after labs are back.

#### Labs

Date Ordered	Status	Test Status	Description	Order#	Provider	Test Location
03/22/2023 07:15 AM	Ordered	Sent	CBC WITH DIFF / COMPREHENSIVE METABOLIC PANEL / LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL) / TSH / ESTRADIOL / TESTOSTERONE, TOTAL	1159155 2	Carter, Jason G	NCF

#### Medications (Added, Continued or Stopped this visit)

Start Date	Medication	Directions	PRN Status	PRN Reason	Instruction	Stop Date
03/22/2023	estradiol 2 mg tablet	take 3 tablet by oral route every day	N			09/17/2023
03/20/2023	spironolactone 100 mg tablet	take 2 tablet by oral route every day	N			09/15/2023

#### Provider:

Carter, Jason G 03/22/2023 10:22 AM

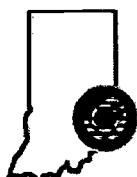
Document generated by: Jason G. Carter, MD 03/22/2023 10:22 AM

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**Facility: NCF**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 03/01/2023 11:39 AM  
VISIT TYPE: Onsite Consult

### Individual Counsel/Psych Prog Note

#### General

HCR#: 672309

#### Subjective Information

Individual's report of progress towards goals/objectives since last session:

"Dr. keris; i would like to speak with her concerning my gender dysphoria and my requests for gender reassignment surgery. thank you in advance, sincerely, autumn cordellione

#### Goals, Objectives, and Interventions Addressed Today

Interventions/Methods Provided:

response: "you're on the list for evaluation."

#### Risk Assessment

SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

#### Assessment/Diagnosis

AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

AXIS V

Current GAF: 70

Date: 08/17/2022.

Highest GAF: 70

Date: 08/17/2022.

Patient Name: RICHARDSON, JONATHAN

ID: 127630 Date of Birth: [REDACTED]

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**SIGNATURES**

Staff: Signed by Ellen L. Keris, PhD, on 03/01/2023  
**Behavioral Health Billing**

Modifier: N/A

*Document generated by: Ellen L. Keris, PhD 03/01/2023 11:41 AM*

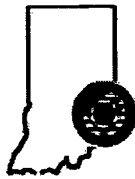
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Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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**State of Indiana**

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204**Facility: NCF**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 12/21/2022 12:22 PM  
VISIT TYPE: Psychotherapy - Individual

**Individual Counsel/Psych Prog Note****General**

Program Name: Outpatient

**Individuals Present/Support Resources**

Contact type:  
Telemedicine  
Individual present

**MENTAL STATUS EXAM****GENERAL OBSERVATIONS:**

Appearance: Other: bright eye shadow, make up on cheeks  
Build/Stature: Within normal limits  
Posture: Within normal limits  
Eye Contact: Average  
Activity: Within normal limits  
Attitude toward examiner: Cooperative  
Attitude toward parent/guardian: Not Applicable  
Separation (for children/adolescent): Not applicable

**MENTAL STATUS:**

Unremarkable  
Mood: Euthymic  
Affect: Full  
Speech: Clear  
Thought process: Logical  
Perception: WNL  
Hallucination: Denied None evidenced  
Thought content: Within normal limits  
Delusions: None Reported  
Cognition: Within normal limits  
Intelligence estimate: Average

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 12/21/2022 12:22 PM

Insight: Within normal limits  
Judgment: Within normal limits

### Subjective Information

Individual's report of progress towards goals/objectives since last session:

IP seen in rm 13 for SVAT fu.

New issues/stressors/extraordinary events presented today: None reported

Explanation: IP was assessed by MHP Ingalls via telehealth on 12/21/2022. MH Clerk Smith was present with IP during the encounter. The IP was located at NCCF in lower education room 13. MHP Ingalls delivered telehealth service from office located in Indianapolis, IN.

IP scheduled for SVAT f/u. IP denies any mh concerns this date. She reports some stress with the upcoming holidays and being "sad." She reports spending her time engaging in self care activities "that make me happy" to help her cope. She reports having a dorm detail job and things are going well in the pod. There are no overt mh sx's noted this date. Her only concerns are in regards to surgery and if she will be approved for a women's prison. Will f/u with regional. IP will be scheduled per policy.

### Current Assessment

Assessment:

The patient is cooperative and communicative.

### Risk Assessment

#### CURRENT ENCOUNTER

##### Risk Assessments

Patient denies suicidal ideation, plan, intent, and/or attempt.

Patient denies property damage ideation, plan, intent, and/or attempt.

Patient denies homicidal ideation, plan, intent, and/or attempt.

#### RISK ASSESSMENT HISTORY

Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale
Suicide	Denies		12/21/2022	12/21/2022	No				
Property	Denies		12/21/2022	12/21/2022	No				
Homicide	Denies		12/21/2022	12/21/2022	No				

Attempt	Planned/ Impulsive	Drug/Alcohol Influenced	Medically Treated	Plan Attempt	Description
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#### SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

### Assessment/Diagnosis

AXIS IV

Severity: Moderate

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 12/21/2022 12:22 PM

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

AXIS V

Current GAF: 70

Date: 08/17/2022.

Highest GAF: 70

Date: 08/17/2022.

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## SIGNATURES

Staff: Signed by Kyleigh J. Ingalls, MHP, on 12/21/2022

### Behavioral Health Billing

Modifier: N/A

*Document generated by: Kyleigh J. Ingalls, MHP 12/21/2022 02:04 PM*

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Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

INDIANA DEPARTMENT OF CORRECTION  
CONFIDENTIAL

**MENTAL HEALTH SERVICES CONSENT FOR TREATMENT AND LIMITS OF CONFIDENTIALITY**  
**Understanding and Agreement**

Mental Health Services staff provide counseling and psychological evaluations for offenders in this facility. The mental health staff wants you to feel comfortable in discussing your personal concerns with them, but you need to be aware of special situations in which confidentiality will be limited.

Security and safety are very important in jails and prisons. To ensure the safety of everyone, mental health staff must report situations which could be harmful to yourself or others, or a threat to the orderly operation of the facility, such as, but not limited to:

1. Escape Planning
2. Planned violence toward others
3. Risk of suicide
4. Hunger strikes
5. Drug sale or trafficking during incarceration
6. Inappropriate relationships with staff
7. Child abuse or neglect
8. Behavior that endangers another person

For many problems and concerns, group settings are the best mode of treatment or intervention. However, while mental health staff encourage all group members to follow the instruction to keep anything said during group sessions to themselves, we cannot guarantee that information discussed during group counseling will not be shared by group members with others. You need to be aware that confidentiality leaks can happen. Offenders found to be sharing information from the group with others may be removed from the group.

Progress notes regarding your attendance, level of participation, and treatment progress will be entered into your health record. This information will be released under the same conditions as any other health care treatment information.

I have read the information above and have been given the opportunity to ask questions about the limits of confidentiality. Having understood and agree to the above, I hereby apply for mental health treatment.

Date (month, day, year)	Signature of offender/student	Printed name
Date (month, day, year)	Signature of staff and title	Printed name
Date (month, day, year)	Signature of Superintendent (juveniles only)	Facility

***\* Appearance of this document in the electronic medical record affirms that the signed form has been placed in the patient's paper chart.***

Provider: Dana D. Killingsworth PsyD - Document generated by: Dana D. Killingsworth, PsyD 12/08/2022

PATIENT: JONATHAN RICHARDSON  
IDOC#: 127630  
DATE OF BIRTH: [REDACTED]  
FACILITY: NCF





**TELEHEALTH SERVICES CONSENT OR REFUSAL AND RELEASE  
FROM RESPONSIBILITY FOR MEDICAL OR OTHER TREATMENT**

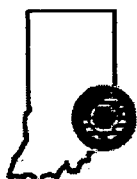
State Form 55977 (3-16)  
DEPARTMENT OF CORRECTION

CONFIDENTIAL

**To the patient:**

It is your legal right to determine the extent of your medical care. Please read this form carefully and if you have any questions, ask your physician or nurse now, before you sign this form.

<b>Name of Patient</b>	<b>DOC</b>
JONATHAN RICHARDSON	# 127630
<b>Date/Time</b>	<b>Dorm/Unit</b>
12/08/2022 03:11 PM	
<b>CONSENT</b>	
<p>I hereby authorize the Indiana Department of Correction Health Services Staff to perform the following services via Telehealth with a contractual hospital.</p> <p><b>Treatment:</b> to be performed by:</p> <p>I also give my consent to use any Telehealth equipment needed in order to perform a full examination according to hospital/physician recommendations.</p> <p>I certify that i have read fully, understand and have had explained to me the above informed consent for Telehealth services and that it is my intention to have the above proposed visit carried out as stated. I verify that all blanks requiring insertion were completed and any inapplicable paragraphs, if any, were stricken and personally initiated before i signed.</p>	
<b>Signature of Patient</b>	<b>Date</b>
{SIGNATURE PAD}	



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**Facility: NCF**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 12/08/2022 7:57 AM  
VISIT TYPE: Intake No Medical Services

**Reasons for Visit**

This 40 year old male.

**Substance Use / Addictive Behavior History**

Individual reports current use or a history of the following:

Drinks alcohol: Yes

**Medication Information**

Active medications:

Medication	Sig	PRN Status	PRN Reason	Comment
albuterol sulfate 2.5 mg/3 mL (0.083 %)	inhale 3 milliliter by nebulization route 4 times every day, as needed for shortness of breath.	N		
estradiol 2 mg tablet	take 3 tablet by oral route every day	N		
spironolactone 100 mg tablet	take 2 tablet by oral route every day	N		

**Mental Status Evaluation**

**Mental Status Exam**

**General Observations**

Appearance: Other: wearing bright eye shadow  
Build/Stature: Within normal limits  
Posture: Within normal limits  
Eye Contact: Average  
Activity: Within normal limits  
Attitude toward examiner: Cooperative  
Attitude toward parent/guardian: Not Applicable  
Separation (for children/adolescent): Not applicable

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

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